

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	/		/			
2				/		
3						
4						
5	2			1		
6	3			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
15	1			1		
16						
17	1			1		
18	1			1		
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DER.			13			
TOTAL CLAIMS			17			

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS